



TM

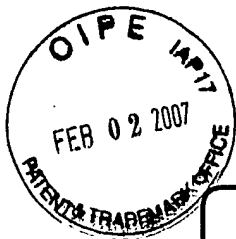
Modified Version of PTO/SB/21

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/776646
		Filing Date	2/10/2004
		First Named Inventor	Neil E. Forsberg
		Art Unit	1637
		Examiner Name	Kim, Young
Total Number of Pages in This Submission		Attorney Docket Number	OSU-118/US

ENCLOSURES ( <i>Check all that apply</i> )		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other ( <i>Specified below</i> )
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, <i>Number of CD(s)</i> _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: _____ _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.	
SIGNATURE		
PRINTED NAME	Miriam R Kaplan	
DATE	1/25/07	REGISTRATION NUMBER 55,315

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	1/25/07

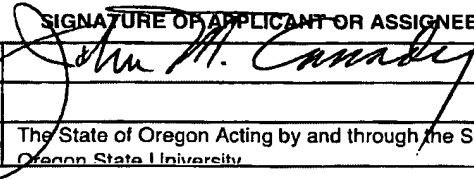
This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.  
**SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**



Modified Version of PTO/SB/81

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/776646
	Filing Date	2/10/2004
	First Named Inventor	Neil E. Forsberg
	Art Unit	1637
	Examiner Name	Kim, Young
	Attorney Docket Number	OSU-118/US

<b>POWER OF ATTORNEY</b>
I hereby revoke all previous powers of attorney given in the above-identified application, entitled: <b>Mold Infection</b>
I hereby appoint Ron Jacobs, Reg. No. 50,142, Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894, Robert Lodenkamper, Reg. No. 55,399, Miriam Kaplan, Reg. No. 55,315, Kenneth M. Benderly, Reg. No. 51,453, James Parris Reg. No. 51,135, Brian R. Short Reg. No. 41,309.
<b>CORRESPONDENCE ADDRESS</b>
Please recognize or change the correspondence address for the above-identified application to the address associated with Customer Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;">30869</div>
<b>APPLICANT/INVENTOR OR ASSIGNEE</b>
I am the: <input type="checkbox"/> Applicant/Inventor <input checked="" type="checkbox"/> Assignee of Record of the entire interest *
* I am duly authorized to sign this instrument on behalf of assignee. I hereby declare that, to the best of my knowledge and belief, title is in the assignee and believe that said application has been assigned to assignee and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s).
* I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD</b>			
SIGNATURE		DATE	1/19/07
PRINTED NAME		TELEPHONE	
TITLE and COMPANY	The State of Oregon Acting by and through the State Board of Higher Education on Behalf of Oregon State University		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.			
Total of forms submitted: <u>1</u>			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.